

BUILDING PERMIT

**Before You Dig
Call Miss Utility
1-800-282-8555**



**A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION.
WHEN READY FOR INSPECTION OR WHEN CHANGING CONTRACTORS CALL 736-7011
24 HOURS IN ADVANCE**

Work Site Location _____
 Subdivision _____ Lot No. _____
 Owner _____
 Address _____

 Tele. (____) _____
 Contractor _____
 Address _____

 Tele. (____) _____
 Dover Business License No _____

JOB SUMMARY (Office Use Only)							
PLAN REVIEW		Date	Initial	INSPECTIONS	Dates (Month/Day)		
				Type	Failure	Failure	Approval
<input type="checkbox"/>	No Plans Req	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/>	Footing	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/>	Foundation	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/>	Frame	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/>	Other	_____	_____	Insulation	_____	_____	_____
CODE REVIEW		_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	Zoning	_____	_____	Finishes	_____	_____	_____
<input type="checkbox"/>	Fire	_____	_____	Energy	_____	_____	_____
<input type="checkbox"/>	Health	_____	_____	Mechanical	_____	_____	_____
<input type="checkbox"/>	License	_____	_____	TCQ	_____	_____	_____
Date	_____	_____	_____	Other	_____	_____	_____
Permit Approved by	_____	_____	_____	Final	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use _____
 Change of Use (y / n) _____ If yes, from _____
 Type of Construction _____
 No of Stories _____
 Height of Structure _____ Ft
 Area - Largest Floor _____ Sq Ft
 Total Bldg Area/All Floors _____ Sq Ft
 No of Individual Units _____
 Total Land Area Disturbed _____ Sq Ft

Est Cost of Bldg Work

1 New Bldg \$ _____
 2 Alteration \$ _____
 3 Total \$ _____

DATE RECEIVED: _____

DATE ISSUED: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application, and will perform all work in accordance with the applicable Codes and Ordinances

Signature _____

D. TECHNICAL SITE DATA - Plot Plan required for all projects except interior renovations, roofing, and siding Construction Plans required for all projects except roof, siding, and fences.

DESCRIPTION OF WORK

E. DATE OF COMPLETION _____

TYPE OF WORK

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Other _____
- Demolition
- Miscellaneous
 - Fence _____ Height
 - Sign _____ Sq. Ft
 - Pool
 - Elevator
 - Interior Renovation
 - Other _____

FEE (Office Use Only)

\$ _____

Paid Check # _____ CASH \$ _____
 Collected By _____ TOTAL FEE \$ _____

Applicant's Copy to be posted in Front Window ASAP

1 White - Inspector Copy 2 Canary - Office Copy
 3 Pink - Office Copy